

MEDICARE UNANSWERED QUESTIONS FROM PAYOR UPDATE

1. Going back 4 years w RAC is a huge burden for physicians office-why 4 years? When a contract is up for bid, the terms and details of the contract are disclosed in a document called a *Statement of Work (SOW)*. The SOW for this contract included timeframes. The “look-back period” was determined to include a period that would benefit the purpose of the program and still be less-burdensome for providers. Below are excerpts from the SOW. While it does not address why the timeframe was chosen, it does show this was decided before contracts were even awarded.

☞ ***Claims more than 3 years past the date of the initial determination***

The RAC shall not attempt to identify any overpayment or underpayment more than 3 years past the date of the initial determination made on the claim. The initial determination date is defined as the claim paid date. Any overpayment or underpayment inadvertently identified by the RAC after this timeframe shall be set aside. The RAC shall take no further action on these claims except to indicate the appropriate status code on the RAC Data Warehouse. The look back period is counted starting from the date of the initial determination and ending with the date the RAC issues the medical record request letter (for complex reviews) or the date of the overpayment notification letter (for automated reviews).

Note: CMS reserves the right to limit the time period available for RAC review by RAC, by region/state, by claim type, by provider type, or by any other reason where CMS believes it is in the best interest of the Medicare program to limit claim review. This notice will be in writing, may be by email and will be effective immediately.

☞ ***Claim paid dates earlier than October 1, 2007 J-1 RAC SOW – Amendment 1 V.11072007.*** *The RAC program will begin with claims paid on or after October 1, 2007. This begin date will be for all states. The actual start date for a RAC in a state will not change this date. As time passes, the RAC may look back 3 years but the claim paid date may never be earlier than October 1, 2007. In other words the RAC will only look at FY 2008 claims and forward. The RAC will not review claims prior to FY 2008 claim paid dates.*

2. High risk indicators for ACU-states patient of “childbearing age” with exam showing cervical or vaginal cancer-most Medicare patients are not in that age group-are elderly patients with hx of cervical or vaginal cancer not high risk? Is ovarian cancer high risk and if not why not?

☞ *If the individual has been diagnosed with ovarian cancer then the screening to determine ovarian cancer would not be a valid procedure for this individual. They should be going through diagnostic testing. Screening is for early detection of the disease. High risk does not mean that the individual has been diagnosed with a disease but based on the*

individual history as listed they are at high risk to be diagnosed with the disease

3. Does the Medicare e-prescribing apply to hospices?

- ☞ e-Prescribing applies to all Medicare Fee for Service services. If the hospice services are reimbursed by Part B and the provider or supplier is eligible then they are entitled to the incentive once they have met the incentive guidelines.

If the (refer to slide 24) practices charges are less than 10% of total allowed charge for 2009, is there a restriction (s) on participating in the e-prescribing incentive program?

- ☞ If an eligible professional meets the 10 percent threshold for 2009, CMS will determine whether the professional is a successful electronic prescriber by reporting the numerator codes for 50 percent of applicable cases. If you are unsure of whether your practice meets this threshold, CMS still encourages you to participate. In the event your total charges for the codes on slide 22 do make up 10 percent of your total allowed charges for 2009, you will be eligible for the incentive payment.

4. Please explain new policy regarding time on physician orders? Time order was made? Please explain why doing this?

- ☞ This question does not reference a new requirement or specific publication, so I am not sure if I am addressing their concerns. However, if they are referring to the Change Request issued for hospital services “Interpretive Guidelines for Hospitals” that will be implemented on 06/05/2009, this is not a new policy, CMS has issued several revisions to this Hospital policy and this is or has been a requirement for some time. It is now being enforced by CMS for hospital documentation. Actual publication is located at <http://www.cms.hhs.gov/transmittals/downloads/R47SOMA.pdf>

5. A commercial payer paid as primary and then realized that was incorrect and ask for a takeback that was less than 2 years. Medicare states they will deny claim due to timely filing. Is this true and can this be reconsidered and how? If not, why is it the provider is being punished when it wasn't their fault that the commercial payer paid in error?

- ☞ When a primary payer is requesting payment back due to their records showing that Medicare should be the primary payer, attach a copy of the notification and the Medicare explanation of benefits showing that Medicare paid secondary to the Medicare Redetermination form and submit for consideration of payment. If there is no documentation from the primary payer validating this request, then Medicare will deny this request for time limit. This request is to be submitted in a timely matter to avoid denial of consideration of payment.

6. Are optical dispensers for post cataract eyeglasses required to be accredited by 9/30/09

Yes, they would need to be accredited. Only certain "professionals" are exempt (see list below). Therefore, if any other organization is planning on billing for a Medicare Part B benefit, then they must be accredited. Also, since optical services are not part of the CBIC program, they would not follow any of the requirements being communicated regarding CBIC - but they must follow CMS accreditation deadlines.

Exemptions:

Physicians (as defined in section 1861(r) of the Act),
Physical Therapists,
Occupational Therapists,
Qualified Speech-Language Pathologists,
Physician Assistants,
Nurse Practitioners,
Clinical Nurse Specialists,
Certified Registered Nurse Anesthetists,
Certified Nurse-Midwives,
Clinical Social Workers,
Clinical Psychologists,
Registered Dietitians, and
Nutritional professionals.
Orthotists,
Prosthetists,
Opticians, and
Audiologists.

☞ Further information on the DMEPOS accreditation requirements along with a list of the accreditation organizations and those professionals and other persons exempted from accreditation may be found at the CMS website: <http://www.cms.hhs.gov/MedicareProviderSupEnroll/>

7. For emr-when will “meaningful user” be finally defined?

☞ This has been defined effective January 6, 2009 under the “American Recovery and Reinvestment Act of 2009”. Title XIII – Health Information Technology page 355 from the link below
http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h1enr.pdf

8. Pharmacy hate e-prescribing. What has Medicare done for pharmacy’s as far as incentives to meet e-prescribing demands?

☞ As with any new initiative, working a new process into a normal workflow is challenging. To help address these challenges, CMS has worked hard to create a number of educational tools to make implementing and reporting easier. Currently, laws allow an incentive payment to professionals reimbursed based on the Medicare

Physicians Fee Schedule. At this point we are not aware of plans to expand this or to allow any other incentives to pharmacies.

References:

National Coverage Determination (NCD)

<http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS014961>

2009 Medicare Transmittals

<http://www.cms.hhs.gov/Transmittals/2009Trans/list.asp>

Recovery Audit Contractor

<http://www.cms.hhs.gov/RAC/>

e-Prescribing

http://www.cms.hhs.gov/ERxIncentive/01_Overview.asp#TopOfPage

Federal Register 11/15/2008

<http://edocket.access.gpo.gov/2008/pdf/E8-26213.pdf>

State of Ohio Board of Pharmacy

<http://pharmacy.ohio.gov/>

DMEPOS Competitive Bidding

<http://www.cms.hhs.gov/DMEPOSCompetitiveBid/>

<http://dmecompetitivebid.com/palmetto/cbic.nsf/DocsCat/Home>